**Section 640.40 Standards for Perinatal Care**

a) Levels of Perinatal Care

 Hospital licensing requirements for all levels of care are described in Subpart O of the Hospital Licensing Requirements. All hospitals shall be designated in accordance with this Part and have a letter of agreement with a designated APC. (Section 640.70 describes the minimum components for the letter of agreement.)

1) Non-Birthing Center hospitals do not provide perinatal services, but have a functioning emergency department. All licensed general hospitals that operate an emergency department shall have a letter of agreement with an APC for referral of perinatal patients, regardless of whether the hospital provides maternity or newborn services. The letter of agreement shall delineate, but is not limited to, guidelines for transfer/transport of perinatal patients to an appropriate perinatal care hospital; telephone numbers for consultation and transfer/transport of perinatal patients; educational needs assessment for emergency department staff, and provision of education programs to maintain necessary perinatal skills.

2) Level I hospitals provide care to low-risk pregnant women and newborns, operate general care nurseries and do not operate an NICU or an SCN;

3) Level II hospitals provide care to women and newborns at moderate risk, operate intermediate care nurseries and do not operate an NICU or an SCN.

4) Level II with Extended Neonatal Capabilities hospitals provide care to women and newborns at moderate risk and do operate an SCN but do not operate an NICU.

5) Level III hospitals care for patients requiring increasingly complex care and do operate an NICU.

b) Perinatal Network

 Non-Birthing Center, Level I, Level II, Level II with Extended Neonatal Capabilities and Level III hospitals shall function within the framework of a regionally integrated system of services, under the leadership of an APC, designed to maximize outcomes and to promote appropriate use of expertise and resources. Prenatal consultations, referrals, or transfers and recognition of high risk conditions are important to improve outcomes. Regional consultant relationships in maternal-fetal medicine and neonatology referred to in this Part shall be detailed in the letter of agreement. The hospital shall ensure that staff physicians and consultants are familiar with the letter of agreement.

c) All hospitals shall inform the Department of any change in or loss of essential resources required by this Part within 30 days after the change and/or loss. The hospital shall then replace the required resource within 90 days. Failure to comply shall result in a review by the Department, with a potential loss of designation.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)